Community First Choice/Personal Assistance Service
RISK NEGOTIATION FORM

Date: _____

Member: _____ Medicaid ID #_____

Name of person and agency completing this form:

_____

Section 1: Description of the member's choices or preferences that can be a potential risk to the member's health and welfare:

_____

_____

_____

Section 2: Description of the potential consequences of the risks to the member:

_____

_____

_____

Section 3: Description of formal or informal support services that can be provided that might assist member in mitigating the risk:

_____

_____

_____

Section 4: Description of the member's decisions/plans regarding choices/preferences that can be a risk to him/her:

_____

_____

_____

Section 5:

- ❑ Support service options (including nursing home services) have been explained to the member.
- ❑ The member understands and accepts the risks associated with his/her current CFC service plan.
- ❑ The member does not have a guardian and has not been declared incapacitated.
- ❑ The member's health and welfare cannot be assured and discharge from CFC will be implemented.

Section 6: If the member opts to receive services in a manner that is inconsistent with health and safety the signatures below must be gathered prior to service plan implementation.

_____ _____

Member/PR Signature Date

_____ _____

Provider Signature Date

_____ _____

Plan Facilitator Signature (when applicable) Date

_____ _____

Regional Program Officer Signature Date